

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90018 003 ***150.00



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1. Entity Name

ALBA-REILLY INVESTMENTS, CORP.

Principal Place of Business

8240 SW 2 ST.
 MIAMI FL 33144

Mailing Address

8240 SW 2 ST.
 SUITE E106
 MIAMI FL 33144



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1009187**

Applied For:
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ALBA-REILLY, KEYLA
 300 ARAGON STE 210
 MIAMI FL 33134~~

Name **ALBA-Reilly, Keyla**

Street Address (P.O. Box Number is Not Acceptable)
1470 - B NW 107 Ave.

City **Miami**

FL Zip Code **33172**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **ALBA-REILLY, KEYLA**
 STREET ADDRESS **7270 NW 12 STREET SUITE 410**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #